

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035128

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1136

FILED SEP 25 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF SE. McInney, M.D. MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 30 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 703 Powell St.		d. STREET ADDRESS (If outside, give location) 703 Powell St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last CRYSTAL LENA ADKISSON		4. DATE OF DEATH Month Day Year Sept. 20 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/14/1885
9. AGE (last birthday) 78		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Andrew County Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Abner Bowlin		13b. MOTHER'S MAIDEN NAME Elizabeth Colburn	
14. NAME OF HUSBAND OR WIFE Junius F. Adkisson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Mrs. Junius F. Adkisson St. Joseph Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) [redacted] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH One week years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY 11:55 p.m.	Month, Day, Year Sept 20 63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION 703 Powell St. Joe Buchanan MO	
21. I attended the deceased from Sept 14 63 to Sept 20 63 and last saw her alive on Sept 20 63		Death occurred at 1:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) SE. McInney M.D. - coroner		22b. ADDRESS 24th & 1st St. St. Joseph Mo.	
22c. DATE SIGNED Sept 21 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 23 1963	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or county) St. Joseph Missouri			
24. FUNERAL DIRECTOR St. Joseph Mo.		25. DATE RECD. BY LOCAL REG. Sept. 23. 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

(Licensed Embalmer's Statement on Reverse Side)

6-15-63

Permit issued 9-23-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address

St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.